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*A Guide for
Helping Professionals*

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i n
O n t a r i o**



Addiction Research Foundation
Fondation de la recherche sur la toxicomanie

Quick Reference

Addiction Research Foundation Information Centre

toll-free 1-800-INFO-ARF • 1-800-463-6273

Hours of Service: 9 a.m. – 9 p.m., seven days a week

Taped information about alcohol and drugs available 24 hours a day, seven days a week.

Drug and Alcohol Registry of Treatment (DART)

toll-free 1-800-565-8603

Hours of Service: 9 a.m. – 5 p.m., Monday through Friday.

DART has up-to-date details about alcohol and drug treatment services across Ontario.

Note your local alcohol and drug treatment services here:

Live-at-Home

Assessment and Referral Service: _____

Weekly Counselling Service: _____

Day or Evening Service: _____

Follow-up Service: _____

Self-Help/Mutual Support Group: _____

Live-in

Detoxification Service: _____

Short-term Service: _____

Long-term Service: _____

Therapeutic Community: _____

Supportive Housing Service: _____

*A Guide for
Helping Professionals*

**Alcohol
and Drug
Treatment
in
Ontario**



To Order Additional Guides

Copies of the *Guide for Helping Professionals* and the *Guide for People Seeking Help* are available in English and French. A limited number are being offered free of charge as a public information service to Ontario. An order form is provided at the back of this guide.

About This Guide

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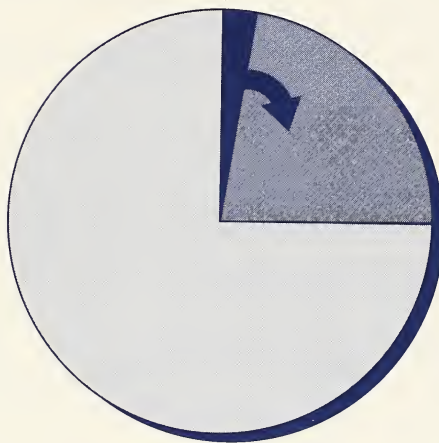
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Facts

One in four people who seek help from health and social service providers have problems related to their alcohol or drug use.

As few as 10 per cent of people who have alcohol and drug problems get help.

Helping professionals can increase the number of people who get help.



Fact 1

One in four people who seek help from health and social service providers have problems related to their alcohol or drug use.

In some settings, such as correctional services and mental health care, the number may be higher.

Fact 2

As few as 10 per cent of people who have alcohol and drug problems get help.

Some people do not require specialized treatment. Some are unwilling to enter treatment. Others may be unaware of their options.

Fact 3

Health and social service providers can increase the number of people receiving help by:

- identifying people who have problems with their alcohol or drug use
- exploring concerns with people in a way that encourages them to take action
- providing information about Ontario's services.

Fact 4

Ontario has a broad range of alcohol and drug treatment services.

This view of the role played by helping professionals in dealing with alcohol and drug problems is based on the Addiction Research Foundation's *Drugs in Ontario*, the Institute of Medicine's *Broadening the Base of Treatment for Alcohol Problems*, and the Ontario Ministry of Health's *Partners in Action*, which are fully referenced in Appendix D.

Introduction

This guide contains information about how to:

- identify people who are having problems with their use of alcohol/drugs
- explore concerns with them and prompt them to take action
- introduce Ontario's alcohol and drug treatment services.

It will be useful to those employed in:

- correctional services
- health and mental health care
- employee assistance programs (EAPs)
- social services
- other fields.

It is arranged in three sections:

SECTION 1, Talking About Alcohol and Other Drug Use

This section reviews ways to identify people having problems related to their alcohol and/or drug use. It presents sample questions to ask people about their use of alcohol and other drugs, a guide for deciding whether there is reason to be concerned, a theory about how change happens, and ways to encourage people to change their use of alcohol and other drugs.

SECTION 2, Talking About Concerns

This section reviews ways to identify whether treatment is needed and to prompt action. It gives sample questions to ask people about problems they may be having, the common reasons why people drink or take drugs, problems associated with alcohol and drug use, and a guide for encouraging people to act.

SECTION 3, Talking About Treatment Choices

This section presents ways to respond when people are ready to act. It answers common questions about alcohol and drug treatment, and describes the types of service available in Ontario. It offers a guide for suggesting options to people seeking help.



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SECTION 1

Talking About Alcohol and Other Drug Use

OVERVIEW

Helping professionals can identify people having problems related to their alcohol and/or other drug use by:

Making it a routine practice to talk about alcohol and other drug use with every person seeking help

Establishing rapport

Asking questions to learn whether there is reason to be concerned about alcohol/drug use

Acting upon concerns

Identifying which stage of change the client is experiencing

Responding in suitable ways.

Making it a routine practice to talk about alcohol and other drug use with every person seeking help

- Add questions about alcohol and other drug use to client history, intake, and general assessment forms, including forms completed by the client.
- Ask questions about the use of alcohol and other drugs in every general assessment.
- Ask follow-up questions at future interviews.

Establishing rapport

These basic steps are standard practice for helping professionals who talk about difficult subjects with their clients.

- Ensure that the client is comfortable.
- Emphasize that the questions are routine and the answers confidential.
- Look for barriers to understanding – such as language, culture, education, physical or mental disabilities – and adjust.
- Explain the terms used by giving examples:

Alcohol	beer, wine, liquor
Prescription drugs	amphetamines (“uppers”/“speed”), barbiturates (“sleeping pills”), opiates (“painkillers”), steroids, tranquillizers (“nerve pills”),
Illegal drugs	cannabis (marijuana, hashish), cocaine (“coke,” “crack”), heroin, hallucinogens (LSD or “acid,” mescaline, PCP),
Inhalants or solvents	glue, gasoline, paint thinner.

Illegal drugs, and their street names, change regularly. The Addiction Research Foundation, or a local addiction treatment service, will have the current facts about alcohol and other drugs.

- Demonstrate respect and interest in the client’s response to questions.

Asking questions to learn whether there is reason to be concerned about alcohol/drug use

- Begin with a question about *historical use* of alcohol and drugs.
- If alcohol or drugs have been used, ask about *current use*.
- If there is current use, ask about *any concerns caused by use* in the past year.
- Use the following sample questions to phrase questions that suit your own style, your work environment, and your client.

Sample Questions

Alcohol use

Have you ever had a drink containing alcohol (e.g., beer, wine, whisky)?

This question may be especially appropriate for younger people.

How often do you have a drink containing alcohol?

How many drinks containing alcohol do you have on a typical day when you are drinking?

Are there any concerns or questions that you have about alcohol?

Prescription drug use

Have you ever used a prescription drug (e.g., painkiller, sleeping pill) that was not prescribed by your doctor? How often have you done this in the past year?

Have you ever obtained a prescription for the same drug from more than one doctor? How often have you done this in the past year?

Have you ever combined alcohol with a sedative? How often have you done this in the past year?

Are there any concerns or questions that you have about prescription drugs?

Illegal drug or inhalant use

Have you ever used illegal drugs (e.g., cannabis, cocaine, heroin)? How often have you done this in the past year?

Have you ever used an inhalant (e.g., glue, gasoline, paint thinner) to get “high”? How often have you done this in the past year?

Are there any concerns or questions that you have about drugs or inhalants?

- Decide if there is reason to be concerned.

There may be reason for concern about a client's drinking when responses reveal:

- daily drinking in any amount
- if male, drinking more than four drinks on a typical drinking day, and more than 12 drinks per week
- if female, drinking more than three drinks on a typical drinking day, and more than nine drinks per week.

As research tells us more, guidelines change for how much drinking is too much. In November 1993, the Canadian Centre on Substance Abuse (CCSA) and the Addiction Research Foundation prepared a joint policy statement about moderate drinking and health. The following guideline is based on that policy statement: "Moderate drinking is generally defined as one or two standard drinks a day.... It is a good idea to avoid drinking altogether at least one day a week." (CCSA pamphlet entitled *Moderate Drinking and Health*.)

There may be reason for concern about drug use when responses reveal:

- use of a prescription drug without a prescription
- obtaining the same prescription drug from more than one doctor
- combining different drugs, or combining drugs and alcohol
- any use of illegal drugs or inhalants.

Also reason for concern are questions or comments that reveal:

- using over-the-counter drugs, such as medicines with codeine, in excess of the directions
- missing work, school, court dates, family events, etc., because of alcohol or drugs
- risking conflict with the law because of alcohol or drug use, e.g., driving while under the influence or using illegal drugs
- using alcohol or drugs while pregnant.

There is probably no cause for concern when the client is:

- drinking a little and has no concerns about alcohol
- in regular contact with one family doctor for prescription drug use and has no concerns about prescription drugs

- has experimented once or twice with illegal drugs or inhalants, and has no concerns about illegal drugs or inhalants.

When there is no cause for concern about alcohol or drug use:

- make available to the client general information about alcohol and drugs
- encourage the client to raise any concerns or questions that come up in the future
- follow up in future interviews with questions about alcohol and drug use.

Acting upon concerns

- Encourage open and objective discussion of concerns by identifying which stage of change the client is experiencing and by responding in a suitable way, as described below.
- Avoid recommending action until concerns have been explored.
- Take a few extra minutes with the client to explore concerns, as discussed in **Section 2 – Talking About Concerns**.

Identifying which stage of change the client is experiencing

“Change is rarely a sudden event, occurring in a moment of transformation.... Instead, it happens in stages.”

Miller and Hester
Handbook of Alcoholism Treatment Approaches

The theory of change described below tries to explain why some people seeking help respond quickly when a concern is identified, while others resist. Helping professionals who can anticipate a client's response are better able to encourage action and obtain help for people who need to change their alcohol and drug use.

People experience change differently. Some people:

- move quickly or slowly through the stages of change
- remain “stuck” in one stage
- skip or repeat stages.

■ Identify people in:

Stage 1 – Pre-contemplation	
The person is not considering change and does not recognize the need for change:	“Yes, I drink. I like drinking.”
The person is surprised by concern of family members or co-workers:	“I can’t understand why they are upset.”
The person may resist attempts to explore concerns or may deny that there are problems:	“I definitely don’t have a problem with drugs. It’s just a once in a while thing. I can quit anytime.”
Stage 2 – Contemplation	
The person is considering change:	“Yes, I’ve thought about cutting down.”
The person is not ready to commit to change:	“But I enjoy it too.”
Stage 3 – Action	
The person has initiated change:	“I’ve decided to go for treatment. Where can I get in?”
The person expresses urgency:	“I just need a telephone number.”
Stage 4 – Maintenance	
The person is adjusting to change:	“I’m taking it one step at a time.”
The person is acquiring and practising new skills and behaviors:	“I went rock climbing last weekend.”
Stage 5 – Relapse	
The person has not preserved change:	“I saw my drinking buddies the other night.”

Responding in suitable ways

- Respond to people in **Stage 1 – Pre-contemplation** in a way that encourages change.

When the client is not concerned but the professional is, the objective is to get the client thinking about change or ready to change – to encourage movement toward the contemplation or action stages:

- give objective feedback by going over the results of an evaluation, assessment, physical exam or performance review
 - expect surprise, disbelief or minimizing of results
 - talk about the risks the client takes by using alcohol or drugs
 - demonstrate respect and interest in what the client has to say
 - continue to provide feedback in future interviews.
- Respond to people in **Stage 2 – Contemplation** in a way that encourages change.

When both the client and the professional are concerned, but the client is not ready to change, the objective is to prompt the client to act – to encourage movement toward the action stage of change:

- explore the positive and negative aspects of alcohol and drug use
- encourage the belief that change is possible by removing barriers that the client foresees
- explore options with the client, including options about what could be changed – and how.

These steps will be considered more fully in **Section 2 – Talking About Concerns**.

- Respond to people in **Stage 3 – Action** or **Stage 4 – Maintenance** in a way that encourages change.

When the client is either ready to act or is adjusting to change, the objective is to invite movement toward (or to encourage staying in) the maintenance stage of change:

- encourage commitment to change
- allow the client to assume responsibility for change

- develop confidence in the ability to change
- suggest two or more ways to accomplish or maintain change.

These steps will be considered more fully in **Section 3 – Talking About Treatment Choices**.

- Respond to people in **Stage 5 – Relapse** in a way that encourages change.

When the client is having a relapse, the objective is to encourage a return to the maintenance stage of change.

Because a person who has relapsed may return to the pre-contemplation, contemplation or the action stage of change, the helping professional may select a response from those described above.

This description of the five stages of change and appropriate responses is based on the work of J.O. Prochaska and C.C. DiClemente, "Toward a comprehensive model of change," which appears on pages 3-27 of Miller and Heather, *Treating Addictive Behaviors: Processes of Change*. Readers are referred to this text, which is fully referenced in Appendix D, and to "Unit 3: Identification" of the Addiction Research Foundation's *Youth & Drugs: An Education Package For Professionals*, which is described in Appendix C.

SECTION 1

SUMMARY

In this section, we have reviewed:

- ways to identify people having problems related to their alcohol/drug use
- sample questions to ask people about their alcohol and drug use
- a guide for deciding whether there is reason to be concerned about alcohol/drug use
- a description of the five stages of change
- ways of responding to people in different stages of change.

SECTION 2

Talking About Concerns

OVERVIEW

Helping professionals can identify whether there is a need for alcohol and drug treatment services and can encourage people to act by:

Asking questions about problems related to alcohol use

Asking questions about problems related to drug use

Helping people to identify why they use alcohol and/or other drugs

Prompting people to recognize the negative aspects of alcohol/drug use

Guiding people from contemplation to action

Introducing Ontario's alcohol and drug treatment service choices.

Asking questions about problems related to alcohol use

- Using the questions below, identify how often the client has problems connected to drinking.

Questions	Choose whichever answer seems mostly right:
How often do you have six or more drinks on one occasion?	Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/>
How often during the last year have you found that you were unable to stop drinking once you had started?	Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/>
How often during the last year have you failed to do what was normally expected of you because of drinking?	Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/>
How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?	Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/>
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/>
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/>
Have you or someone else been injured as a result of your drinking?	No <input type="checkbox"/> Yes, but not in the last year <input type="checkbox"/> Yes, during the last year <input type="checkbox"/>
Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?	No <input type="checkbox"/> Yes, but not in the last year <input type="checkbox"/> Yes, during the last year <input type="checkbox"/>

These questions are part of the Alcohol Use Disorders Identification Test (AUDIT), a brief structured interview developed by the World Health Organization. The complete AUDIT and the method for scoring it are provided in Appendix A.

- When appropriate, explore responses by asking the client to tell you about what happened.
- Rule out further action when most responses are “Never” or “No” and the rest are “Less than Monthly.” For more details on scoring, please refer to Appendix A.

- Otherwise, recommend a complete alcohol and drug assessment, such as that offered by an Assessment and Referral Service.

Asking questions about problems related to drug use

- Using the following questions, identify whether the client has had problems connected to drug use. The time frame for these questions is the past 12 months.

Questions	Choose whichever answer seems mostly right:	
Are you always able to stop using drugs when you want to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had “blackouts” or “flashbacks” as a result of drug use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you ever feel bad or guilty about your drug use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your spouse (or do your parents) ever complain about your involvement with drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever neglected your family because of your drug use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever done anything illegal to obtain drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had medical problems as a result of your drug use (memory loss, hepatitis, convulsions, bleeding, HIV, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

These questions are taken from the Drug Abuse Screening Test (DAST-10), which was developed at the Addiction Research Foundation by Dr. Harvey A. Skinner. The complete DAST-10 and scoring method are provided in Appendix B.

- When appropriate, explore responses by asking the client to tell you about what happened.
- Rule out further action when the client responds “Yes” to fewer than three questions (except for the first question, to which a “No” suggests a problem). For more details on scoring, please refer to Appendix B.
- Otherwise, recommend a complete alcohol and drug assessment, such as that offered by an Assessment and Referral Service.

Helping people to identify why they use alcohol and/or other drugs

People use alcohol and other drugs because they believe it benefits them in some way. For them, there are positive consequences, or “pluses,” or “good things” about using alcohol and other drugs.

- Encourage the client to talk about the situations and circumstances – places, times, people – when he/she drinks or takes drugs.
- Guide the client to identify why he/she drinks or takes drugs, using the following list of reasons people commonly give.

To cope with feelings

- generally low or depressed
- angry at myself or someone else
- bored, sad or lonely
- frustrated because things didn't go well
- guilty about what I had or had not done
- stressed or tired
- rejected by someone I cared about
- criticized by family, friends or boss
- afraid for myself or a dependant
- worthless and ashamed.

To experience pleasure

- for the “buzz,” high or rush
- as a reward for myself
- for the taste or sensation
- during “time off,” weekends, holidays
- to enjoy parties more
- at family gatherings and celebrations
- to be part of the crowd.

To cope with situations

- get to sleep
- socialize more comfortably
- express affection, emotions or to have sex
- speak up for myself or stand up to others
- get through chores or boring tasks
- relieve physical pain
- forget about things
- get rid of hangovers or cravings
- release anger or frustration.

Out of habit

- after work or school
- while watching television
- when socializing with certain people
- when drink or drugs are offered or available
- with lunch or dinner.

This review of the reasons why people drink and use drugs was adapted from *Saying When: How to Quit Drinking or Cut Down*, by Dr. Martha Sanchez-Craig. See Appendix C for details.

Prompting people to recognize the negative aspects of alcohol/drug use

People who drink and take drugs may have problems in different areas of their lives: psychological problems, or problems with family, work or school, money or the law. Most often, health problems prompt people to come to a helping professional.

- Use the list below to help identify early problems and serious problems.

When people use alcohol and drugs and have experienced “warning signs” in the past year, it may reveal an early problem with alcohol/drugs. The “warning signs” mean that alcohol/drug use needs to change.

When people use alcohol and drugs and have experienced “serious problems” in the past year, alcohol/drug use needs to change immediately.

Early problems do not always develop into serious problems.

Problem area	Examples of warning signs	Examples of signs of serious problems
Psychological	forgetting things, feeling concerned or worried about drinking	depression, feeling hopeless or worthless, personality changes, thoughts about suicide, suicide attempt
Family	quarrels, cutting down on family activities or outings because of alcohol or drugs	divorce, family violence, partner abuse, child abuse or neglect
Work or School	lower performance, missing work, lower grades, cutting classes	accidents at work, job loss, suspension from school, quitting school
Financial or Legal	spending too much on alcohol or drugs, recklessness, verbal aggression, driving while or after using alcohol/drugs	gambling, debt, theft, loss of driving licence, assault, homicide
Health	falls or other minor accidents, misuse of other drugs (over-the-counter, prescription and illegal), stomach problems, disrupted sleep, shakiness or dizziness, fatigue, using alcohol or other drugs while pregnant.	brain damage, ulcer, gastritis, liver disease, strokes, overdose, abnormal heart rhythm, harm to fetus.

This review of “warning signs” and “serious problems” related to alcohol and drug use was adapted from *Saving When: How to Quit Drinking or Cut Down* by Dr. Martha Sanchez-Craig. See Appendix C for details

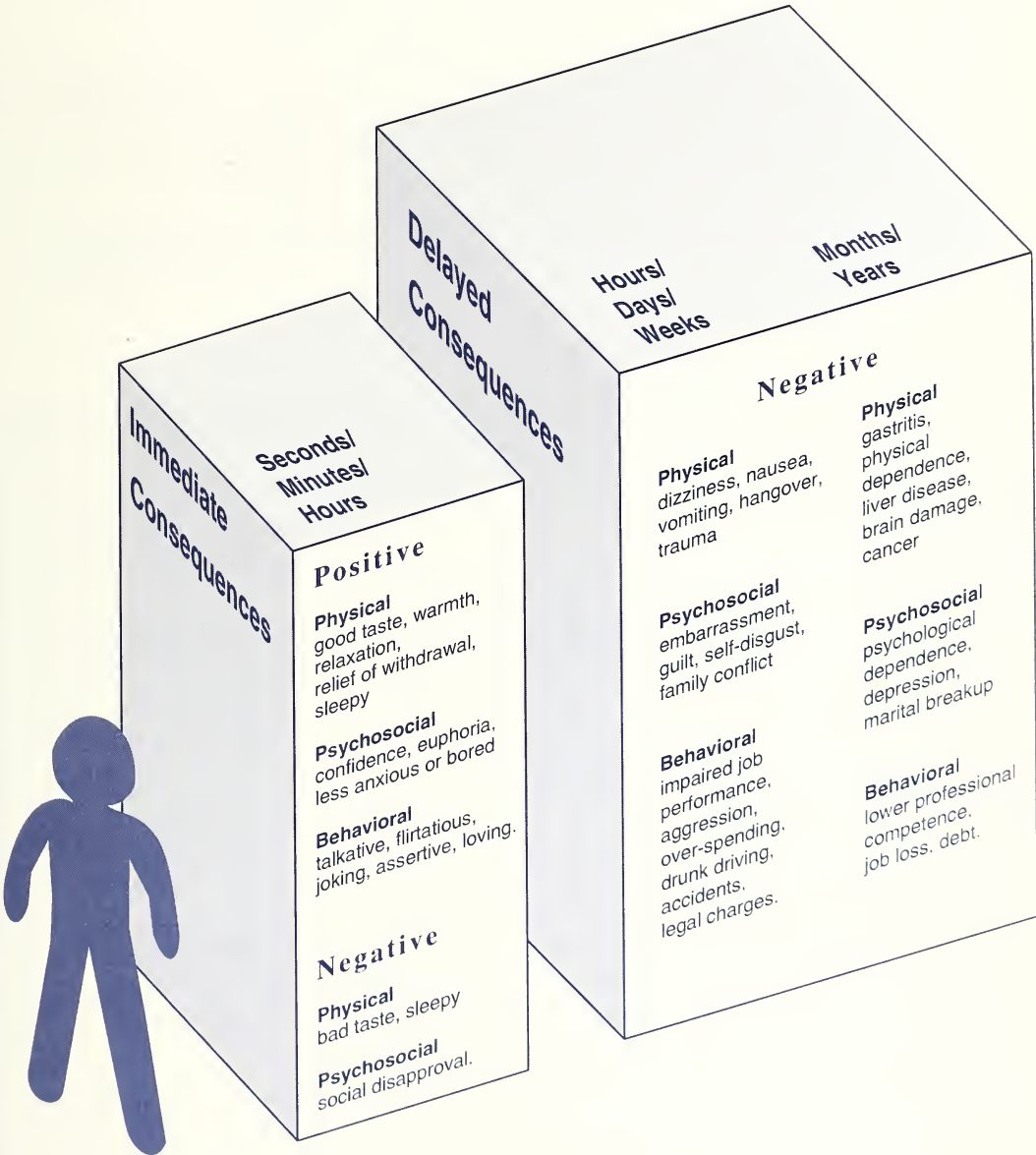
- Review with the client the advantages of acting earlier:
 - people who begin early have a better chance of a full recovery
 - treatment will be briefer
 - treatment can be arranged around work, school and family.
- Make the client aware of the negative consequences of alcohol/drug use.

People may be more likely to think of the negative aspects of their behavior when they understand how habits form.

The diagram on page 15 tries to explain why people continue to do things that cause problems for them. In this theory, the “pluses” reward continued use by being immediate, expected and familiar. On the other hand, the “minuses,” which might discourage continued use, are delayed.

In a way, the negative consequences are “hidden from view” by the positive consequences, as depicted on the next page.

- Use the diagram to help the client see that:
 - immediate consequences are mostly positive
 - serious negative consequences are delayed
 - positive consequences “hide the view” of the negative consequences that may occur “down the road.”



Guiding people from contemplation to action

- Summarize the problems discussed during the interview and give feedback.

Point it out to the client when:

- there are a lot of problems
 - the problems have been going on for a long time
 - the problems are creating risks for the client in any of the following areas: physical, psychosocial, behavioral.
- Clearly recommend or suggest that the client reduce use or stop altogether.
 - Encourage people to believe that change is possible by:
 - removing any barriers they may expect

Examples

When people are reluctant to call a contact you have provided because (for example) there is no time, offer to call at the end of the interview on their behalf.

When people think that change will create money problems, work out how much money will be saved by quitting or cutting down alcohol/drug use.

When people believe that family members may also need help, let them know that many treatment services provide support for family members.

When people are afraid that their employer will not understand, explain that many companies have programs that support getting help.

When people prefer to change on their own, offer to help them by following up and responding to questions. People may wish to purchase the self-help guide *Saying When: How to Quit Drinking or Cut Down*, by Dr. Martha Sanchez-Craig (described in Appendix C), or they may wish to join a Self-Help/Mutual Support Group, like AA.

When people say they are afraid to get help, let them know that you can explain what treatment will be like.

When people are concerned about child care, let them know that there are options that would allow them to stay with their children and that arrangements for temporary care could also be made.

- providing a menu of options for action.

Goals	<ul style="list-style-type: none">- quitting- cutting down
Timing	<ul style="list-style-type: none">- starting now- starting next week
Steps to Take	<ul style="list-style-type: none">- exercising instead of drinking- doing fun/useful things with people who do not drink or take drugs- joining a self-help group- reading a self-help book- choosing one of the treatment options discussed in this guide.

Introducing Ontario’s alcohol and drug treatment service choices

- Provide information about the local Assessment and Referral Service.
- Outline the client’s basic choices.
- Suggest two or more services that the client prefers and that seem to address the client’s needs and support his or her strengths.
- Follow up with the client in future interviews.

These steps will be considered more fully in **Section 3 – Talking About Treatment Choices**.

SECTION 2

SUMMARY

In this section, we reviewed:

- ways to identify whether there is a need for alcohol and drug treatment services
- sample questions about problems people may be having with alcohol or drug use
- how to identify when no further action is required and when to recommend a complete assessment of alcohol and drug use
- the most common reasons why people drink or take drugs
- different problems associated with alcohol and drug use
- ways of prompting people to act.

SECTION 3

Talking About Treatment Choices

OVERVIEW

Helping professionals can support people who are ready to consider alcohol and drug treatment by:

Responding in encouraging ways

Using the companion *Guide for People Seeking Help* to outline choices

Suggesting alcohol and drug treatment service options

Following up in future interviews.

Responding in encouraging ways

- Encourage commitment to change by:
 - giving information that helps the client make a choice
 - introducing the companion to this guide – a brochure called *Alcohol & Drug Treatment in Ontario: A Guide for People Seeking Help*
 - asking the client to think about their choices and discuss them with family or friends
 - identifying the reasons to change

Examples

Prompt the client to identify the two or three main reasons for reducing use or quitting – for example, to save his/her marriage; to improve health and fitness; to save money for a family holiday.

Have the client identify the positive outcomes of stopping or reducing use, and build up an image of these outcomes – a good marriage, a healthy body, a happy holiday.

Help the client keep these images vividly in mind.

- helping the client make the first appointment
- following up in future interviews.
- Allow the client to assume responsibility for change:
 - let the client know that treatment will be more successful if chosen by him/her
 - ask the client to make the final decision about treatment.
- Develop confidence in the ability to change:
 - point out that nearly every person with alcohol and/or drug problems tries to stop many times before finally succeeding. Preventing relapse is a skill that has to be learned
 - discuss any small (or large) successes in the past and point out that the same can be achieved again

- follow up in future interviews with praise and encouragement for any small success.

This review of responses that encourage action is based on a 1991 World Health Organization publication edited by Marcus Grant and Ray Hodgson, *Responding to Drug and Alcohol Problems in the Community*. It's referenced in Appendix D.

Using the companion *Guide for People Seeking Help* to outline choices

- Know the answers to common questions about alcohol and drug treatment.

Who can make a referral?

Most services take referrals from any source. People can refer themselves to the majority of services. In fact, the single most common referral source to alcohol and drug treatment is self/family/friend.

For example, Self-Help/Mutual Support Groups can be accessed at any time by anyone who needs help with alcohol or drugs. The only admission requirement for Self-Help Groups is a desire to stop drinking or taking drugs.

For more information about how to refer to a specific service, contact the Drug and Alcohol Registry of Treatment (DART) toll-free, at 1-800-565-8603.

Can Ontario's services address my client's special concerns?

Yes. Some services specialize in helping:

Area of Specialization	Number of Agencies in Ontario
women	more than 35
men	more than 55
younger people	more than 40
older people	about three
aboriginal people	more than 20
francophones	about five
people who have physical conditions	more than 30
people who have psychiatric conditions	more than 25
people in trouble with the law	more than 200 accept people on probation, five conduct assessments in jail; another 15 will assess inmates, but on agency premises only – a day pass would therefore be required.

Some treatment services can work with people in languages other than French and English, and in a culturally sensitive way.

For example, National Native Alcohol and Drug Abuse Programs (NNADAP) help aboriginal people and their reserve communities establish and operate programs aimed at arresting and offsetting high levels of alcohol, drug and solvent abuse. Nine treatment programs in Ontario are run by and for aboriginal people.

Some services specialize in helping people who have problems with a specific drug, such as alcohol, heroin, cocaine or a prescription drug. Most services in Ontario can help people who use any drug or drug combination.

How long will it take?

There is a service for every schedule. Service length ranges from one or two appointments to more than a year of lifestyle adjustments.

A complete alcohol and drug assessment will identify which length of treatment suits the client's problems. An assessment takes only an hour or two.

What is available to people who want to quit or cut down on their own?

Self-Help/Mutual Support Groups can help people who want to quit on their own. Self-help books and guides are also available, such as Martha Sanchez-Craig's *Saying When: How to Quit Drinking or Cut Down*, described in Appendix C.

What does it cost?

There is no charge for most services, since most are funded by the provincial government through the Ministry of Health. Some services for aboriginal people receive funds from the federal government.

A few services have fees. The Drug and Alcohol Registry of Treatment (DART) can help with information about the fees for a specific service. DART can be reached toll-free during business hours at 1-800-565-8603.

Service fees may be covered by private insurance, such as major medical policies, by the client's workplace through an employee assistance program (EAP), or by social assistance.

Self-Help/Mutual Support Groups, like AA and NA, support themselves through voluntary contributions from members.

- Outline the basic service choice: live-at-home or live-in?

Live-at-home choices

Often called “outpatient” or “ambulatory,” live-at-home services may be offered at a clinic, an office, or an alcohol and drug treatment agency. A single agency in your community may offer several of these services, as well as some of the live-in choices.

Participants continue to live at home while they take part in education and treatment activities. Most allow people to choose whether they’ll reduce use or stop completely.

Live-in choices

Often called “residential” or “inpatient,” a live-in service may be set in a house, a hospital or a treatment agency. A single agency in your community may offer several of these services, as well as some of the live-at-home choices.

Participants live in the facility for a specified period and participate in a daily schedule of education and treatment activities. Most live-in services ask people to stop using alcohol and drugs and to remain abstinent.

- Review the types of service available in Ontario.

Ontario’s alcohol and drug treatment services are outlined in the *Guide for People Seeking Help*. As a supplement for helping professionals, here is a more detailed description of each service.

LIVE - AT - HOME CHOICES

Assessment and Referral Service

Objective:

To match people concerned about their alcohol and/or drug use to the services that best meet their individual needs.

Common features:

- explore how alcohol and/or drugs are affecting the client's life
- develop with the client a plan for treatment and recovery
- help the client to access the most suitable treatment service
- link the client with other community services
- provide support before and after treatment.

Weekly Counselling Service

Objective:

To help people meet their goal about alcohol and drug use, whether that is to cut down or quit.

Common features:

- explore how alcohol and/or drugs are affecting the client's life
- develop with the client goals for the use of alcohol and drugs
- education about the risks of alcohol and drug use
- training in skills for leading a healthy, balanced life
- help to avoid a relapse, and link to other community services
- one-on-one support and guidance, and group-counselling sessions
- readings and assignments
- support and information for the client's family or referral to family support services
- counselling in a range of life areas.

Day or Evening Service

Objective:

To help people adjust to living without alcohol or drugs by providing activities four to five days or evenings per week.

Common features:

- education about the risks of alcohol and drug use
- training in skills for leading a healthy, balanced life
- one-on-one support and guidance, and group-counselling sessions
- support and information for the client's family or referral to family support services
- planning with the client for what will happen after treatment
- help to avoid a relapse, and link to Self-Help/Mutual Support Groups.

Follow-up Service

Objective:

To help people maintain the progress made during treatment.

Common features:

- refresher training in skills for leading a healthy, balanced life
- one-on-one support and guidance, and group-counselling sessions
- help to avoid a relapse, and link to Self-Help/Mutual Support Groups.

Self-Help/Mutual Support Group

Objective:

To stay sober or "clean" and help others achieve the same goal.

Common features:

- camaraderie with others who are recovering from alcohol or drug problems
- members support each other by sharing experiences, strength, and hope
- structured program of recovery, such as the "12-Step" program of Alcoholics Anonymous
- alcohol/drug-free social activities
- there are no dues or fees – voluntary member contributions support the groups
- role models "sponsor" or serve as mentors for new members.

Usual length: One or two 2-hour interviews.	Participant must: <ul style="list-style-type: none"> - attend one appointment - participate in an interview of up to two hours - not be under the influence of alcohol or drugs for appointment (continue to take medications as prescribed by their doctor). 	<i>More than 40 agencies in Ontario specialize in the assessment of alcohol and drug problems and provide referral to services that match people's needs. Many other treatment agencies in Ontario provide Assessment and Referral Services as well.</i>
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Usual length: One or two interviews per week for one to six months.	Participant must: <ul style="list-style-type: none"> - attend regularly scheduled sessions - not be under the influence of alcohol or drugs for appointment (continue to take medications as prescribed by their doctor.) 	<i>There are more than 160 Weekly Counselling Services in Ontario.</i>
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Usual length: Two to five hours each weekday for two to five weeks.	Participant must: <ul style="list-style-type: none"> - attend daily activities - be alcohol/drug-free for several days before entering treatment - remain alcohol/drug-free during treatment. 	<i>There are more than 40 Day or Evening Services in Ontario.</i>
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Usual length: Several months to several years as required.	Participant must: <ul style="list-style-type: none"> - complete alcohol and drug treatment. 	<i>There are more than 200 Follow-up Services in Ontario.</i>
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Usual length: Meetings last one to two hours and are held regularly in most communities across the province.	Participant must: <ul style="list-style-type: none"> - want to stop drinking or taking drugs - respect the principles of the group. 	<p><i>There are many Self-Help/Mutual Support Groups in Ontario. Some of them are:</i></p> <ul style="list-style-type: none"> • Alcoholics Anonymous • Narcotics Anonymous • Rational Recovery • Women For Sobriety <p><i>Also, there are Self-Help/Mutual Support Groups for the families of people with alcohol and/or drug problems, such as:</i></p> <ul style="list-style-type: none"> • Adult Children of Alcoholics • Al-Anon • Alateen <p><i>Local chapters of such organizations may be listed in the white pages of the telephone directory.</i></p>
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LIVE-IN CHOICES

Detoxification Service

Objective:

To help people while their bodies get rid of alcohol and/or drugs and adapt to a drug-free state.

Common features:

- shelter, meals, and support
- monitoring of clients' withdrawal symptoms
- access to nearby emergency medical services
- information about different treatment programs and help to access other alcohol and drug treatment services
- link to Self-Help/Mutual Support Groups.

Short-term Service

Objective:

To help people achieve and maintain a life without alcohol or drugs.

Common features:

- education about the risks of alcohol and drug use
- training in skills for leading a healthy, balanced life
- one-on-one support and guidance, and group-counselling sessions
- support and information for the client's family or referral to family support services
- planning with the client for what will happen after treatment
- sports and recreation
- help to avoid a relapse, and link to Self-Help/Mutual Support Groups.

Long-term Service

Objective:

To teach people how to rebuild their lives without alcohol or drugs.

Common features:

- help to re-enter the community
- education about the risks of alcohol and drug use
- training in skills for leading a healthy, balanced life
- one-on-one support and guidance, and group-counselling sessions
- support and information for the client's family or referral to family support services
- planning with the client for what will happen after treatment
- sports and recreation
- help to avoid a relapse, and link to Self-Help/Mutual Support Groups.

Therapeutic Community

Objective:

To teach people how to rebuild their lives without alcohol and drugs.

Common features:

- strict rules and rigid schedules
- job-skills training
- re-creates a family unit for clients
- majority of clients are dependent on cocaine or heroin
- help to re-enter the community
- education about the risks of alcohol and drug use
- training in skills for leading a healthy, balanced life
- one-on-one support and guidance, and group-counselling sessions
- planning with the client for what will happen after treatment
- sports and recreation
- help to avoid a relapse, and link to Self-Help/Mutual Support Groups.

Supportive Housing (also known as Half-Way Housing)

Objective:

To provide a bridge, or intermediate step, between a live-in treatment service and independent living.

Common features:

- home-like atmosphere
- help to re-enter the community
- practice in skills for leading a healthy, balanced life
- access to one-on-one support and guidance, and group-counselling sessions
- help to avoid a relapse, and link to Self-Help/Mutual Support Groups.

Usual length:	Participant must:	
Three to five days.	<ul style="list-style-type: none"> - not drink or take drugs on the premises - refrain from violence - not require emergency medical attention. 	<i>There are more than 30 Detoxification Services in Ontario.</i>

Usual length:	Participant must:	
One month.	<ul style="list-style-type: none"> - be alcohol/drug-free for several days before entering treatment - participate in education and treatment activities. 	<i>There are more than 50 Short-term Services in Ontario.</i>

Usual length:	Participant must:	
Six weeks to six months.	<ul style="list-style-type: none"> - have completed Detoxification - not drink or take drugs while in treatment - participate in education and treatment activities. 	<i>There are about 65 Long-term Services in Ontario.</i>

Usual length:	Participant must:	
Six to 15 months.	<ul style="list-style-type: none"> - have completed Detoxification, medical and psychiatric examinations - participate in a rigid schedule of activities - help maintain the treatment setting (i.e., perform chores). 	<i>There is one Therapeutic Community in Ontario.</i> <i>A few other services may also use a confrontational or a psychotherapeutic approach in treatment.</i>

Usual length:	Participant must:	
Six months to one year.	<ul style="list-style-type: none"> - have completed Detoxification - become involved in activities outside the house, such as work or school - contribute to room and board as able. 	<i>There are about 15 Supportive Housing Services in Ontario.</i>

- Note the limitations of this guide.

Not all choices are available in all communities

Only a few communities in Ontario have all the choices presented in this guide. Your community is unlikely to have them all. However, chances are that there are two or more options for alcohol and drug treatment in your area.

The guide is not an endorsement

The descriptions provided here are not intended to recommend what a service should offer. Nor does this guide aim to promote one type of service over another.

The descriptions are general and do not replace information about a specific service

The guide describes what is commonly included in a service type. It gives general information about Ontario's services to help people make basic choices about the type of service that is right for them.

Suggesting alcohol and drug treatment service options

- Suggest the local Assessment and Referral Service.

These services can help the client make choices about treatment. A complete assessment is required to formulate a good treatment plan. Assessment and Referral Services can be a resource to the helping professional because they:

- provide up-to-date information about drugs and alcohol
- encourage people to begin the process of change
- help people take their first steps in the change process, such as arranging appointments, admissions, dependant care, etc.

On the back panel of the *Guide for People Seeking Help* is a space for people to write the contact information for their local Assessment and Referral Service.

- Make another suggestion.

There are at least four ways to locate a specific service for your client:

- the Drug and Alcohol Registry of Treatment (DART)
- the *1993 Directory of Alcohol and Drug Treatment Resources*
- local alcohol and drug treatment services
- the Addiction Research Foundation.

Ontario's Drug and Alcohol Registry of Treatment (DART)

DART is an information and referral service that provides up-to-date details about treatment agencies. DART can tell you about referral procedures and about available or upcoming treatment slots within a wide range of services.

Helping professionals can reach DART by calling toll-free:

1-800-565-8603

9 a.m. to 5 p.m., Monday to Friday.

Use DART to:

- answer the questions: What is available? Where is it available (locally and provincially)? When is it available?
- find out whether there are any new alcohol and drug treatment services in your community
- locate a service for a client with special concerns
- obtain details about a specific service, including how to access it.

The 1993 Directory of Alcohol and Drug Treatment Resources

This directory is available through the Addiction Research Foundation. It's described in Appendix C.

Use the directory to:

- answer the questions: What is available? Where is it available (locally and provincially)?
- locate a service for a client with special concerns
- obtain details about a specific treatment service.

Local alcohol and drug treatment services

Alcohol and drug treatment services, including Self-Help/Mutual Support Groups, welcome inquiries from professionals who want to learn more about alcohol and drug problems, and about the services available in the community.

Local services are listed in the yellow pages of the telephone directory under *Addiction Information and Treatment Centres*.

Use local alcohol and drug treatment services to:

- answer the questions: What is available? Where is it available (locally)? When is it available?
- obtain details, a brochure or contact information about a specific service
- find out whether a service can accommodate a client's special concerns.

The local office of the Addiction Research Foundation (ARF)

ARF has 26 local offices across Ontario, staffed by consultants who provide information, education, products and programs related to alcohol, drugs and other addictions issues.

Local ARF offices have detailed information – including pamphlets, brochures, and contact names – about alcohol and drug treatment services in their area. ARF offices are listed under *Addiction Research Foundation* in the white pages of the local telephone directory.

Use the local ARF office to:

- answer the questions: What is available? Where is it available (locally)?
- obtain details, a brochure or contact information about a specific service
- “preview” ARF products that might help you or your clients.

■ Use the following guide to select options.

Recent research indicates that:

- no single treatment approach works for all people
- selecting the right treatment approach for a person can improve outcome
- brief interventions are effective when compared with no treatment and compared with more complex treatment
- treating other life problems can improve outcome
- therapist skills and attitudes can be important factors in determining outcome
- quitting or cutting down can make a positive difference in other life areas.

Also, it is known that people with more severe alcohol/drug problems can benefit from more intense treatment, while people with less severe problems have a better chance of achieving a full recovery.

The best available evidence suggests that the most effective service for a client will be one that:

- addresses the client’s needs
- supports the client’s strengths
- is preferred by the client.

Treatment choices need to be reconsidered when:

- the client does not comply
- the client is dissatisfied
- the client has a poor early response to treatment.

These guidelines for suggesting treatment options are drawn from the *Handbook of Alcoholism Treatment Approaches: Effective Alternatives* by Miller and Hester, and from the Institute of Medicine's *Broadening the Base of Treatment for Alcohol Problems*. Both are fully referenced in Appendix D.

Following up in future interviews

- Ask about the progress of treatment.
- Praise small successes.
- Encourage the client to keep going.
- Should relapse occur, reassure the client and support his/her continued efforts to change.

SECTION 3

SUMMARY

In this section, we reviewed:

- ways to encourage people who are ready to act
- answers to common questions about alcohol and drug treatment services
- Ontario's live-at-home and live-in choices for alcohol and drug treatment
- a guide to suggesting an alcohol and drug treatment service.

A P P E N D I X A

**The AUDIT
Screening Tool
for Alcohol
Problems, and
Scoring Method**

The AUDIT can be inserted into a general assessment. Begin the AUDIT by saying: “Now I am going to ask you some questions about your use of alcoholic beverages during the past year.” Explain what is meant by alcohol beverages, i.e., beer, wine, liquor (vodka, whisky, brandy, etc.).

The AUDIT can be administered as a self-completion questionnaire as well.

AUDIT SCORING PROCEDURE

Questions 1-8 are scored 0, 1, 2, 3 or 4. Questions 9 and 10 are scored 0, 2 or 4 only. The response coding is as follows:

Question 1	Questions 3-8
0: Never	0: Never
1: Monthly or Less	1: Less than monthly
2: Two to four times per month	2: Monthly
3: Two to three times per week	3: Weekly
4: Four or more times per week	4: Daily or almost daily
Question 2	Question 9-10
0: 1 or 2	0: No
1: 3 or 4	2: Yes, but not in the last year
2: 5 or 6	4: Yes, during the last year
3: 7 to 9	
4: 10 or more	

The minimum score is 0 and the maximum possible score is 40. A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption, and may indicate the need for a more in-depth assessment.

Please check the answer that is correct for you.	
1. How often do you have a drink containing alcohol?	<input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> Two to four times a month <input type="checkbox"/> Two to three times a week <input type="checkbox"/> Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="checkbox"/> 1 or 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or 6 <input type="checkbox"/> 7 or 9 <input type="checkbox"/> 10 or more
3. How often do you have six or more drinks on one occasion?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily
4. How often during the last year have you found that you were unable to stop drinking once you had started?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?	<input type="checkbox"/> No <input type="checkbox"/> Yes, but not in the last year <input type="checkbox"/> Yes, during the last year
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?	<input type="checkbox"/> No <input type="checkbox"/> Yes, but not in the last year <input type="checkbox"/> Yes, during the last year

The Alcohol Use Disorder Identification Test (AUDIT) is a brief structured interview developed by the World Health Organization, AMETHYST PROJECT, 1987. Interested readers are referred for more information to the following articles:

John B. Saunders, Olaf G. Aasland, Arvid Amundsen and Marcus Grant, "Alcohol consumption and related problems among primary health care patients: WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption - I," *Addiction* (1993) 88, 349-362.

John B. Saunders, Olaf G. Aasland, Thomas F. Babor, Juan R. de la Fuente and Marcus Grant, "Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption - II," *Addiction* (1993) 88, 791-804.

Wayne Hall, John B. Saunders, Thomas F. Babor, Olaf G. Aasland, Arvid Amundsen, Ray Hodgson and Marcus Grant, "The structure and correlates of alcohol dependence: WHO collaborative project on the early detection of persons with harmful alcohol consumption - III," *Addiction* (1993) 88, 1627-1636.

A user's manual and research agenda have also been published to guide field testing of this instrument. Please refer to:

T. F. Babor, J. R. de la Fuente, J. B. Saunders and M. Grant, *AUDIT – The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care*. Geneva: World Health Organization, 1989.

A P P E N D I X B

**The DAST-10
Screening Tool
for Drug
Problems, and
Scoring Method**

Name: _____

Date: _____

DRUG USE QUESTIONNAIRE (DAST-10)

The following questions concern your potential involvement with drugs other than alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is “Yes” or “No.” Then, circle the appropriate response beside the question.

In the questions, “drug abuse” refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents or glue, tranquillizers (e.g., Valium), barbiturates, cocaine, stimulants, hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

Author: Harvey A. Skinner, Ph.D.
Addiction Research Foundation
33 Russell Street
Toronto, Ontario
Canada, M5S 2S1

These questions refer to the past 12 months	Circle Your Response
1. Have you used drugs other than those required for medical reasons?	Yes / No
2. Do you abuse more than one drug at a time?	Yes / No
3. Are you always able to stop using drugs when you want to?	Yes / No
4. Have you had “blackouts” or “flashbacks” as a result of drug use?	Yes / No
5. Do you ever feel bad or guilty about your drug use?	Yes / No
6. Does your spouse (or do your parents) ever complain about your involvement with drugs?	Yes / No
7. Have you ever neglected your family because of your use of drugs?	Yes / No
8. Have you ever engaged in illegal activities in order to obtain drugs?	Yes / No
9. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	Yes / No
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes / No

SCORING KEY

Item

- | | | |
|-----|---------|--------|
| 1. | Yes (1) | No (0) |
| 2. | Yes (1) | No (0) |
| 3. | Yes (0) | No (1) |
| 4. | Yes (1) | No (0) |
| 5. | Yes (1) | No (0) |
| 6. | Yes (1) | No (0) |
| 7. | Yes (1) | No (0) |
| 8. | Yes (1) | No (0) |
| 9. | Yes (1) | No (0) |
| 10. | Yes (1) | No (0) |

DAST-10 INTERPRETATION

Add up the score (0 or 1) for each item to yield the Total Score (range 0 to 10).

Total Score	Degree of Problem	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

DAST-10 was developed as a screening tool by Dr. Harvey A. Skinner, a scientist at the Addiction Research Foundation (ARF). A longer version of this instrument, the DAST-20, is available through ARF Marketing Services (1-800-661-1111).

Readers interested in more information about the DAST-20, from which the DAST-10 is drawn, are referred to:

Douglas R. Gavin, Helen E. Ross and Harvey A. Skinner,
“Diagnostic Validity of the Drug Abuse Screening Test in
the Assessment of DSM-III Drug Disorders,” *British Journal
of Addiction* (1989) 84, 301-307.

Dr. Skinner is currently preparing a manual for users of these questionnaires, which he plans to make available through ARF Marketing Services.

A P P E N D I X C

Examples of Addiction Research Foundation (ARF) Products

To order the following products, or to receive a listing of products available through ARF, please contact Marketing Services toll-free at 1-800-661-1111.

1993 Directory of Alcohol and Drug Treatment Resources in Ontario **\$29.95**

Compiled by the Drug and Alcohol Registry of Treatment (DART), this directory lists more than 200 of Ontario's treatment services and indexes these services alphabetically, geographically, by treatment type, by services for special populations, and by services in other languages.

Service listings include location and contact information, hours, clientele, capacity, languages and areas served, disability provisions and access notes.

Alcohol and Drug Problems: A Practical Guide for Counsellors ***Edited by Betty-Anne M. Howard, Susan Harrison, Virginia Carver*** ***and Lynn Lightfoot*** **\$34.95**

Written for addiction counsellors, this book introduces and responds to practical issues in the addictions field. The book covers three broad areas: (1) core considerations, including issues and intervention methods; (2) special needs of particular populations, including women, lesbians and gay men, and older people; (3) addressing related issues, such as sexuality, AIDS, testifying in court, and alcohol and drugs in the workplace. See Appendix D for full reference.

Alcohol Dependence Scale (ADS) ***by Harvey Skinner and John L. Horn*** **\$15 for User Guide and 25 Questionnaires**

This 25-item questionnaire is a reliable clinical tool for measuring alcohol dependence. Professionals who assess clients with alcohol problems can quickly administer the questionnaire and score it by hand.

Alcoholism: From Recognition to Recovery***by Arthur Herscovitch*****\$12.95**

How do you know when someone is an alcoholic? What are the signs? What can you do to help? This book answers these and many more questions in clear, concise language. Dr. Herscovitch dispels the myths and misconceptions about alcohol and alcoholism. Using case histories, he illustrates the range of problems alcohol abusers and their families may encounter, and treatment methods that can help.

Computerized Blood Alcohol Calculator***by Bhushan M. Kapur*****\$95**

This software package calculates blood alcohol content (BAC), how many drinks in a given time period might put a person over the legal limit, how much time must pass before their BAC would fall below the limit, and produces a personalized report for each user. This is an educational tool for police, driving instructors and others working in the addictions field. Unlimited number of uses.

Dealing with Drinking***\$42.50 for a package of 50***

This colorful 16" x 22" bilingual pamphlet defines problem drinking and suggests five steps people can take to drink more sensibly. It folds out to a wall poster.

Drug Dependence: From Recognition to Recovery***by Arthur Herscovitch*****\$12.95**

In this volume, Dr. Herscovitch tackles the issue of drug abuse. Topics include: why people use drugs; commonly abused drugs and their effects; physical and legal consequences of drug abuse; identifying drug abuse; denial of problems; treatment options; and living without drugs.

Drug Use by Adolescents: Identification, Assessment and Intervention.
Book of Readings
\$18.95

Experts at the Addiction Research Foundation provide an overview of current research findings and clinical practice methods for social workers, educators, public health nurses, guidance counsellors and others who work with young people.

Employee Assistance Program (EAP) posters
\$10 for a set of four

These posters allow you to publicize your EAP, and can promote awareness of and participation in your program. Each poster includes space for your contact names and numbers.

Inventory of Drinking Situations (IDS-100)
by Helen M. Annis, J. Martin Graham and Christine S. Davis
\$25 for User Guide and 25 Questionnaires

The IDS is a tool to help you develop a specific and individualized treatment plan. You and your client can use the IDS questionnaire to create a profile of the frequency of your client's heavy drinking in eight different situations. A software version is available.

The Journal
\$15 subscription in Canada, \$19 outside Canada

Award-winning coverage of the addictions field for more than 20 years. Six issues per year. Available in English or French. Call ARF Marketing toll-free at 1-800-661-1111 for a free sample copy.

Saying When: How to Quit Drinking or Cut Down
by Martha Sanchez-Craig
\$24.95

This self-help book shows people how to take stock of their alcohol use, cope with temptation, develop strategies to moderate or abstain from drinking, set goals for consumption and lifestyle change, and maintain progress. If you're concerned about a client's drinking – its effects on their health, work or family – *Saying When* can help. See Appendix D for full reference.

Situational Confidence Questionnaire (SCQ-39)***by Helen M. Annis and J. Martin Graham******\$25 for User Guide and 25 Questionnaires***

The SCQ is a 39-item questionnaire that measures how confident your client feels about coping with high-risk situations for drinking. The SCQ is a tool to assist you in monitoring your client's progress in developing confidence over the course of treatment. A software version is available.

Therapist's Manual for Secondary Prevention of Alcohol Problems***by Martha Sanchez-Craig******\$20***

This manual is for therapists who work with problem drinkers who are motivated to change their drinking behavior and who want an alternative to traditional self-help approaches. The manual outlines criteria and screening methods for identifying appropriate clients, detailed descriptions of treatment procedures and a summary of treatment theory and methodology.

Youth & Drugs: An Education Package for Professionals***\$175***

This comprehensive package includes a self-study guide and a collection of relevant articles, five videotapes and five workbooks covering Adolescent Development, Drugs and their Use, Identification, Assessment, and Intervention and Treatment. *Youth & Drugs* is also available as a workshop from ARF's Training, Education and Development Department. Call (416) 595-6020 for information.

To order ARF products

Write to Marketing Services, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, M5S 2S1. Call toll-free 1-800-661-1111. Fax (416) 593-4694.

APPENDIX D

Suggestions for Further Reading

The following materials were used to compile the *Guide For Helping Professionals* and may be helpful for more in-depth reading on the subjects it discusses.

Addiction Research Foundation, *1993 Directory: Alcohol and Drug Treatment Resources in Ontario*. Toronto: Alcohol and Drug Addiction Research Foundation, 1993.

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Miller, William R., and Nick Heather, *Treating Addictive Behaviors: Processes of Change*. New York and London: Plenum Press, 1986.

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Sanchez-Craig, Martha, *Saying When: How to Quit Drinking or Cut Down*. Toronto: Addiction Research Foundation, 1993.

Schlesinger, Stephen E., and Lawrence K. Horberg, *Taking Charge: How Families Can Climb Out of the Chaos of Addiction...and Flourish*. New York: Simon & Schuster Inc., 1988.

Yoder, Barbara, *The Recovery Resource Book*. New York: Simon & Schuster, Inc., 1990.

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